

# RECEIVED

## Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms  
Do not use this form to update information

Amendment  
☐ Yes ☐ No

OCT 26 2009

|  |  |   |   |                         |
|--|--|---|---|-------------------------|
| <b>1. Committee Information</b>  |  |   |   |                         |
| a. Full Name<br><u>Howard Clement Election Committee</u>   |  |   | c. ID Number  |                         |
| b. Mailing Address (include City, State and Zip Code)<br><u>5201 Brookstone Drive</u><br><u>Durham, NC 27713</u>   |  |   | d. Date Filed<br><u>10/26/09</u>                    |                         |
|  |  |   | e. Phone Number<br><u>560-4396 (0)</u>              |                         |
| 2. Report Year<br><u>2009</u>  | 3. Period Start Date (mm/dd/yy)<br><u>September 21, 2009</u> | 4. Period End Date (mm/dd/yy)<br><u>October 19, 2009</u>  | 5. Treasurer Full Name<br><u>Howard Clement III</u> |                         |
| 6. Type of Committee (Check One)   |  | 9. Type of Report (check only one type of report from one category)   |   |                         |
| <input type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Legal Expense Fund   |  | Municipal<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input checked="" type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special     |   |                         |
| 7. Type of Fund (if applicable, check one)   |  | State/County<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |   |                         |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> NC Political Party Financing Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:  |  | Referendum<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special  |   |                         |
| 8. Number of Fundraisers this Report<br><u>None</u>  |  | 10. Special Report Name   |   |                         |
| <b>11. Account Information</b>   |  |   |   |                         |
| a. Financial Institution Full Name<br><u>Mechanics &amp; Farmers Bank</u>  |  |   |   |                         |
| b. Purpose   |  | c. Account Code   |   |                         |
|  |  | d. Period Begin Balance<br><u>\$ 2,551.22</u>   |   |                         |
| <b>CERTIFICATION</b>   |  |   |   |                         |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections |  |   |   |                         |
| <u>Howard Clement III</u><br>Printed Name of Signer  |  | <u>[Signature]</u><br>Signature of Appointed Treasurer  |   | <u>10/26/09</u><br>Date |
| <b>FOR OFFICE USE ONLY</b>   |  |   |   |                         |
| Date Received:   | <u>10-26-09</u>  | Employee:   | <u>Apage</u>  |                         |
| Date Postmarked:   |  | Employee:   |   |                         |
| Date Scanned:  |  | Employee:   |   |                         |
| Date Data Entered:   |  | Employee:   |   |                         |
|  |  | Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training   |   |                         |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.  |  |   |   |                         |



# RECEIVED

## Detailed Summary

OCT 26 2009

Amendment

☐ Yes

☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

|  |  |                             |  |                           |  |
|--|--|-----------------------------|--|---------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                              |  | 2. Type of Report           |  | 3. ID Number              |  |
| Howard Clement Election Committee  |  | IN PERSON                   |  |                           |  |
| Start of Election Cycle: January 1, 2009                                     |  | Total this Reporting Period |  | Total this Election Cycle |  |
| 4) Cash on Hand at Start   |  | \$ 2,551.22                 |  | \$                        |  |
| <b>RECEIPTS</b>  |  |                             |  |                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                          |  | \$                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 700.00                   |  | \$                        |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$                          |  | \$                        |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 1000.00                  |  | \$                        |  |
| 9) Loan Proceeds (CRO-1410)  |  | \$                          |  | \$                        |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$                          |  | \$                        |  |
| 11) Other Receipt Sources  |  |                             |  |                           |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$                          |  | \$                        |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$                          |  | \$                        |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$                          |  | \$                        |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |  | \$                          |  | \$                        |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)      |  | \$ 1700.00                  |  | \$                        |  |
| <b>EXPENDITURES</b>  |  |                             |  |                           |  |
| 13) Disbursements  |  |                             |  |                           |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 836.03                   |  | \$                        |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$                          |  | \$                        |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$                          |  | \$                        |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$                          |  | \$                        |  |
| 15) Loan Repayments (CRO-1420)   |  | \$                          |  | \$                        |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$                          |  | \$                        |  |
| 17) In-Kind Contributions (CRO-1510)   |  | \$                          |  | \$                        |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 836.03                   |  | \$                        |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 3,815.19                 |  | \$                        |  |
| <b>ADDITIONAL INFORMATION</b>  |  |                             |  |                           |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$                          |  |                           |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$                          |  |                           |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |  | \$                          |  |                           |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |  | \$                          |  |                           |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        |  | \$                          |  |                           |  |
| 25) Administrative Support (CRO-1710)  |  | \$                          |  | \$                        |  |
| 26) Forgiven Loans (CRO-1440)  |  | \$                          |  | \$                        |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |  | \$                          |  | \$                        |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$                          |  | \$                        |  |



# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment  
☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210 is not used.

| 1. Committee Full Name (and Fund if applicable)   |                 |                    |                        |                                   |           | 2. Form Number          |  |
|---|-----------------|--------------------|------------------------|-----------------------------------|-----------|-------------------------|--|
| Howard Clement Election Committee   |                 |                    |                        |                                   |           | OCT 26 2009             |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Lewis A. Cheek<br>5500 Old Brant Trace<br>Greensboro, N.C. 27455                        |                 |                    |                        | Attorney                          |           | IN PERSON               |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|   |                 |                    |                        |                                   |           | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |           | \$ 100.00               |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Tracey Clive<br>2912 Camberly Drive<br>Durham, N.C. 27704                               |                 |                    |                        | Attorney                          |           |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|   |                 |                    |                        |                                   |           | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |           | \$ 50.00                |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| How. Moffett<br>2114 W. Jefferson St.<br>Durham, N.C. 27705                             |                 |                    |                        | Entrepreneur                      |           |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           |                         |  |
|   |                 |                    |                        |                                   |           | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |           | \$ 50.00                |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| 4. Total only this Page   |                 |                    |                        |                                   |           | \$ 200.00               |  |
| 5. Total of ALL CRO-1210 Pages  |                 |                    |                        |                                   |           | \$                      |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                         |                 |                    |                        |                                   |           |                         |  |



# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment  
☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable)   |                 |                    |                                   |                      |                         | 2. ID Number |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--------------|
| Howard Clement Election Committee   |                 |                    |                                   |                      |                         | RECEIVED     |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         | OCT 26 2009  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |              |
| George D. Beicher<br>34 Appleton Place<br>Durham, N.C. 27705                                      |                 |                    | Entrepreneur                      |                      | IN PERSON               |              |
|   |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |              |
|   |                 |                    |                                   |                      | \$ 500.00               |              |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |              |
|   |                 |                    |                                   |                      |                         |              |
|   |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |              |
|   |                 |                    |                                   |                      | \$                      |              |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |              |
|   |                 |                    |                                   |                      |                         |              |
|   |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |              |
|   |                 |                    |                                   |                      | \$                      |              |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |              |
| 4. Total only this Page   |                 |                    |                                   |                      | \$ 500.00               |              |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                                   |                      | \$                      |              |



# Contributions from Other Political Committees Pg \_\_\_\_ of \_\_\_\_

Amendment  
☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

| 1. Committee Full Name (and Fund if applicable)   |                    |   |                      | 2. ID Number            |  |
|---|--------------------|---|----------------------|-------------------------|--|
| Howard Clement Election Committee   |                    |   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                    |   |                      | OCT 26 2009             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                    | b. Type of Committee<br><input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum  |                      | d. Comments             |  |
| N.C. Homebuilders Association<br>P.O. Box 99090<br>Raleigh, N.C. 27624                            |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date |  |
|   |                    |   |                      | \$ 500. <sup>00</sup>   |  |
| f. Account Code   | g. Form of Payment | h. In-Kind Description  | i. Date (mm/dd/yyyy) | j. Amount               |  |
|   |                    |   |                      | \$                      |  |
|   |                    |   |                      | \$                      |  |
|   |                    |   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                    |   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                    | b. Type of Committee<br><input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum  |                      | d. Comments             |  |
| N.C. Realtors PAC<br>4511 Weytonbridge Lane<br>Greensboro, N.C. 27407                             |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date |  |
|   |                    |   |                      | \$ 500. <sup>00</sup>   |  |
| f. Account Code   | g. Form of Payment | h. In-Kind Description  | i. Date (mm/dd/yyyy) | j. Amount               |  |
|   |                    |   |                      | \$                      |  |
|   |                    |   |                      | \$                      |  |
|   |                    |   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                    |   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                    | b. Type of Committee<br><input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum  |                      | d. Comments             |  |
|   |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date |  |
|   |                    |   |                      | \$                      |  |
| f. Account Code   | g. Form of Payment | h. In-Kind Description  | i. Date (mm/dd/yyyy) | j. Amount               |  |
|   |                    |   |                      | \$                      |  |
|   |                    |   |                      | \$                      |  |
|   |                    |   |                      | \$                      |  |
| 4. Total only this Page   |                    |   |                      | \$ 1,000. <sup>00</sup> |  |
| 5. Total of ALL CRO-1230 Pages<br>(This line must be on line 8 of Detailed Summary Page CRO-1100) |                    |   |                      | \$                      |  |



# Disbursements

Pg \_\_\_\_ of \_\_\_\_

Amendment

Yes No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

|   |                    |                 |  |                                     |   |
|---|--------------------|-----------------|--|-------------------------------------|---|
| 1. Committee Full Name (and Fund if applicable)   |                    |                 |  | 2. ID Number                        |   |
| Howard Clement Election Committee   |                    |                 |  | OCT 26 2009                         |   |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)   |                    |                 |  |                                     |   |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |  |                                     |   |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                                     |   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 | b. Coordinated Committee Name  |                                     | d. Comments                             |
| Rev. Melvin Whitkey<br>Harvard Ave.<br>Durham, N.C. 27703   |                    |                 |  |                                     | Miscellaneous<br>Expense Reimbursements |
|   |                    |                 | c. Level Registered (Specify)  |                                     | e. Election Sum to Date                 |
|   |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                                     | \$ 253.16                               |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount                           | k. Required Remarks                     |
|   |                    |                 |  | \$                                  |   |
|   |                    |                 |  | \$                                  |   |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                                     |   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 | b. Coordinated Committee Name  |                                     | d. Comments                             |
| Annie Jones Clement<br>5201 Brookstone Drive<br>Durham, N.C. 27713  |                    |                 |  |                                     | Miscellaneous<br>Expense Reimbursements |
|   |                    |                 | c. Level Registered (Specify)  |                                     | e. Election Sum to Date                 |
|   |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                                     | \$ 205.97                               |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount                           | k. Required Remarks                     |
|   |                    |                 |  | \$                                  |   |
|   |                    |                 |  | \$                                  |   |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                                     |   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    |                 | b. Coordinated Committee Name  |                                     | d. Comments                             |
| The Chicken Hat<br>Fayetteville St.<br>27707  |                    |                 |  |                                     | Meals                                   |
|   |                    |                 | c. Level Registered (Specify)  |                                     | e. Election Sum to Date                 |
|   |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                                     | \$ 328.60                               |
| f. Account Code   | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount                           | k. Required Remarks                     |
|   |                    |                 |  | \$                                  |   |
|   |                    |                 |  | \$                                  |   |
| 5. Total only this Page   |                    |                 |  |                                     | \$ 787.73                               |
| 6. Total of ALL CRO-1310 Pages  |                    |                 |  |                                     | \$                                      |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  |                    |                 |  |                                     |   |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  |                    |                 |  |                                     |   |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)  |                    |                 |  |                                     |   |
| 7. Purpose Codes (List detailed expenditure code in (h.) above)   |                    |                 |  |                                     |   |
| A* - Media  |                    | B* - Printing   |  | C* - Fundraising                    |   |
| E - Salaries  |                    | F* - Equipment  |  | D - To Another Candidate            |   |
| I - Postage   |                    | J - Penalties   |  | G - Political Party                 |   |
|   |                    |                 |  | H* - Holding Public Office Expenses |   |
|   |                    |                 |  | K* - Office Expenses                |   |
|   |                    |                 |  | O* - Other                          |   |
| * Codes require detailed explanation in required remarks field (k)  |                    |                 |  |                                     |   |



# Disbursements

Pg \_\_\_\_ of \_\_\_\_

Amendment  
☐ Yes ☐ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

|   |                    |  |                      |  |                     |
|---|--------------------|--|----------------------|--|---------------------|
| 1. Committee Full Name (and Fund if applicable)   |                    |  |                      | 2. ID Number   |                     |
| Howard Clement Election Committee   |                    |  |                      |  |                     |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)   |                    |  |                      |  |                     |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |  |                      |  |                     |
| 4. Payee Information  |                    |  |                      | <input type="checkbox"/> Add <input type="checkbox"/> Remove |                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    | b. Coordinated Committee Name  |                      | d. Comments  |                     |
| Blue Coffee Cafe<br>Covecroft St<br>Durham, N.C. 27701  |                    |  |                      | Lunches  |                     |
|   |                    | c. Level Registered (Specify)  |                      | e. Election Sum to Date                                      |                     |
|   |                    | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | \$ 42.65   |                     |
| f. Account Code   | g. Form of Payment | h. Purpose Code  | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |
|   |                    |  |                      | \$   |                     |
|   |                    |  |                      | \$   |                     |
| 4. Payee Information  |                    |  |                      | <input type="checkbox"/> Add <input type="checkbox"/> Remove |                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    | b. Coordinated Committee Name  |                      | d. Comments  |                     |
| NC Mutual Life Insurance Company<br>411 West Chapel Hill St.<br>Durham, N.C. 27707  |                    |  |                      | Lunch  |                     |
|   |                    | c. Level Registered (Specify)  |                      | e. Election Sum to Date                                      |                     |
|   |                    | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | \$ 5.65  |                     |
| f. Account Code   | g. Form of Payment | h. Purpose Code  | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |
|   |                    |  |                      | \$   |                     |
|   |                    |  |                      | \$   |                     |
| 4. Payee Information  |                    |  |                      | <input type="checkbox"/> Add <input type="checkbox"/> Remove |                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                    | b. Coordinated Committee Name  |                      | d. Comments  |                     |
|   |                    |  |                      |  |                     |
|   |                    | c. Level Registered (Specify)  |                      | e. Election Sum to Date                                      |                     |
|   |                    | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | \$   |                     |
| f. Account Code   | g. Form of Payment | h. Purpose Code  | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |
|   |                    |  |                      | \$   |                     |
|   |                    |  |                      | \$   |                     |
| 5. Total only this Page   |                    |  |                      | \$ 47.30   |                     |
| 6. Total of ALL CRO-1310 Pages  |                    |  |                      | \$   |                     |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  |                    |  |                      |  |                     |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  |                    |  |                      |  |                     |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)  |                    |  |                      |  |                     |
| 7. Purpose Codes (List detailed expenditure code in (h.) above)   |                    |  |                      |  |                     |
| A* - Media  |                    | B* - Printing  |                      | C* - Fundraising   |                     |
| E - Salaries  |                    | F* - Equipment   |                      | G - Political Party  |                     |
| I - Postage   |                    | J - Penalties  |                      | K* - Office Expenses   |                     |
|   |                    |  |                      | D - To Another Candidate                                     |                     |
|   |                    |  |                      | H* - Holding Public Office Expenses                          |                     |
|   |                    |  |                      | O* - Other   |                     |
| * Codes require detailed explanation in required remarks field (k)  |                    |  |                      |  |                     |